

Adult Brain Death Determination

Consult your hospital's policy for Neurologic Determination of Death.

Additional resources may be found at The American Academy of Neurology website (www.aan.com) or at organdonationalliance.org/organ-donation-toolbox-braindeath/

**Correct potentially reversible causes of abnormal neurological evaluation:
Hypotension/shock, hypothermia, metabolic disturbances, drugs or medications known to cause CNS unresponsiveness.**

ALL BRAIN STEM REFLEXES MUST BE ABSENT

- **No Pupillary** reflex
- **No Corneal** reflex
- **No Oculocephalic** (doll's eyes) reflex
- **No Oculovestibular** (cold or iced calorics) reflex
- **No Pharyngeal and laryngeal** reflexes (cough and gag)
- No Response to **painful stimuli** (*excluding spinal cord reflexes*)

ANCILLARY TESTING

- Cerebral Blood Flow (CBF)
- 4 Vessel Angiogram

APNEA TESTING

- Pre-oxygenate with 100% FIO₂ for 20mins.
- Normalize PaCO₂, draw baseline ABG
- D/C ventilator and provide passive O₂ via cannula @ 4-6L/min - Observe for spontaneous breathing
- Draw ABG at 5- and 10-minute intervals; conclude test when a PaCO₂ \geq 60 mmHg and pH <7.30 (or 20 mmHg greater than baseline) is reached or if patient becomes hemodynamically unstable*
- Reconnect the ventilator. Test is consistent with brain death if PaCO₂ \geq 60 mmHg and pH <7.30 (or 20 mmHg greater than baseline), and there is no breathing.

***If patient becomes unstable, immediately draw ABG and reconnect the ventilator. Consider ancillary testing.**